Service, Gratitude & Integrity

Contracted Services Patient Consent

Patient Name: _____

DOB: _____

Company: _____

How did you hear about us? _____

Consent to Treatment

I authorize Oregon Occupational Medicine ("OOM")employees to conduct medical tests and/or services as requested by me or my employer. I further authorize OOM employees, when necessary, to perform additional tests as the examining medical professional, in his or her discretion, deems appropriate and as explained to me. I understand these services do not take the place of those conducted by my personal physician. I understand this examination does not establish a patient-physician relationship. I understand any medical record information generated by this examination is owned by the requesting employer.

Consent to Release of Medical Information

I authorize Oregon Occupational Medicine to release to the entity requesting this examination (i.e. my employer), medical information pertinent to my occupational safety/health. This may include, but is not limited to, medical findings and test results that are specific to the purpose of the visit and have a pertinent impact on my occupational health or safety as determined by the Medical Provider's professional discretion. If I am personally requesting and paying for these services, this information will not be released to another party without my consent.

Financial Policy

We are committed to providing you with the best possible care. Our fees reflect our professional commitment to excellence and are in accordance with the State of Oregon's fee schedule where applicable. If you here based on the authorization of another party (i.e. your employer) that party will be billed for the services rendered. You are responsible for providing accurate information regarding the third party requesting the services. Your social security number is used to correctly identify you and your medical records as well as ensure correct billing; along with all of your medical records your SSN is kept in strict confidence. At your request we can assign a generic identification number instead of utilizing your SSN. For all immigration and patient pay services payment is due at the time service is rendered. We accept Visa, MasterCard and American Express. Your signature belows indicates your understanding and agreement to the following: that payment is due at the time of service for immigration and patient pay services, that any delinquent accounts may be assigned to a collection service and that you will be charged for expenses, finance charges and any and all reasonable attorney fees.

I have read the above Oregon Occupational Medicine policies regarding: consent to care, the release of my personal health information and financial policy and I agree to the terms outlined above.

Patient Signature _____ Date _____

OOM Witness _____ Date _____